

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-009101

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 547 Registrar's No. 503

FILED FEB 23 1962

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

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DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

USE BLACK INK
OR
TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Richmond Heights</u>		c. CITY OR TOWN <u>Berkeley City</u>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Mary's Hospital</u>		d. STREET ADDRESS (If outside, give location) <u>8815 Bobb Ave.,</u>	Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>Kenneth</u> Middle <u>Elmo</u> Last <u>Ellis</u>		4. DATE OF DEATH Month <u>Feb.</u> Day <u>10</u> Year <u>1962</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>7-21-1918</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Truck Driver</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Campbell Express</u>	11. BIRTHPLACE (City and state or country) <u>Stark City, Mo.</u>
13a. FATHER'S NAME <u>Roger Ellis</u>		13b. MOTHER'S MAIDEN NAME <u>Grace L. Sanders</u>	14. NAME OF HUSBAND OR WIFE <u>Connie M. Ellis</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>Yes WW #2</u>		17. INFORMANT <u>Berkeley City 14</u> <u>Connie M. Ellis-8815 Bobb Ave.,</u>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Pulmonary Embolism</u> DUE TO (b) <u>thrombotic phlebitis Rt leg</u> DUE TO (c) <u>fractured Rt tibia</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH <u>1 hr.</u> <u>?</u> <u>4 wks</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Had open reduction of fracture 1/25/62</u>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>Auto Accident - fx tibial Plateau Rt</u>	
20c. TIME OF INJURY Hour <u>10:13</u> p.m. Month/Day/Year <u>1/19/62</u>	20d. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> <u>Struck knee against handle of jack-knife</u>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>STREET</u>		20f. CITY, TOWN, OR LOCATION <u>?</u>	
21. I attended the deceased from <u>1/20/62</u> to <u>1:30 AM</u> on the date stated above, and to the best of my knowledge, from the causes stated.		and last saw her/him alive on <u>2/3/62</u>	
22a. SIGNATURE <u>Robert E. Kunsch M.D.</u> (Degree or title)		22b. ADDRESS <u>508 N. Grand, St. Louis</u>	
22c. DATE SIGNED <u>2/11/62</u>		22d. LOCATION (City, town, or county) <u>Joplin, Missouri</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal-Auto 2-13-1962</u>		23b. NAME OF CEMETERY OR CREMATORY <u>Mt. Hope Cemetery</u>	
24. FUNERAL DIRECTOR <u>Baumann Bros. Inc.</u>		25. DATE REC'D. BY LOCAL REG. <u>2-10-62</u>	
26. REGISTRAR'S SIGNATURE <u>John G. Murphy M.D.</u>		27. REGISTRAR'S SIGNATURE <u>John G. Murphy M.D.</u>	
2504 Woodson Rd., Overland Park, Mo.			

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

David C. Gibson

Licensed Embalmer No.

3454

P. O. Address

Overland, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.